

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2677AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/13/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRINCESS 2 GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10019 PRINCESS CUT ST LAS VEGAS, NV 89123</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 11/13/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.  The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents, and/or persons with mental illnesses. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.  The following regulatory deficiencies were identified:	Y 000		
Y 072 SS=D	449.196(3) Qualications of Caregiver-Med re-training  NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every	Y 072		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 072	Continued From page 1  3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau.  This Regulation is not met as evidenced by: Based on record review on 11/13/08, the facility failed to document medication management training for 1 of 3 employees (#1).  Findings include:  Employee #1's file lacked documentation of medication management training.  Severity: 2 Scope: 1	Y 072		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility.  This Regulation is not met as evidenced by: Based on observation and interview on 11/13/08, the facility failed to keep the premises free from hazards.  Findings include:	Y 175		

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Y 175	Continued From page 2  On 11/13/08 at 1:30 PM, a visual inspection revealed exposed electrical wires joined with a wire nut underneath the garbage disposer. The position of the wire nut created a potential collection chamber for moisture.  On 11/13/08 at 1:30 PM, Employee #2 indicated the facility would fix the problem.  Severity: 2 Scope: 3	Y 175			
Y1010 SS=F	449.2764(1) MI Training  NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.  This Regulation is not met as evidenced by: Based on record review on 11/13/08, the facility failed to document mental illness training for 3 of 3 employees (#1, #2, and #3).  Findings include:  The files of Employees #1, #2, and #3 lacked documentation of mental illness training.  Severity: 2 Scope: 3	Y1010			

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YA908	Continued From page 3	YA908		
YA908 SS=A	<p>449.2746(2)(a-f)PRN Medication Record</p> <p>NAC 449.2746</p> <p>2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:</p> <p>(a) The reason for the administration;</p> <p>(b) The date and time of the administration;</p> <p>(c) The dose administered;</p> <p>(d) The results of the administration of the medication;</p> <p>(e) The initials of the caregiver; and</p> <p>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on interview, and record review on 11/13/08, the facility did not ensure that documentation for as needed (PRN) medications was complete for 1 of 6 residents (#1).</p> <p>Findings include:</p> <p>On 11/13/08 in the afternoon, Resident #1's medication basket contained a 100 milligram Trazodone prescription. A physician's order indicated Trazodone 100 milligrams was to be administered at bedtime as needed.</p> <p>Employee #2 indicated she administered the Trazodone to Resident #1 for insomnia.</p>	YA908		

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YA908	Continued From page 4  The medication administration record lacked dates and times, reasons, results and caregiver initials for Trazodone administered between 10/21/08 and 11/13/08.  Severity: 1 Scope: 1	YA908			

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